

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of San Carlos
 Town of "

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131
 County Registrar No. _____
 Local Registrar No. _____

or
 City of " No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Henry
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. Legitimate? yes
 6. No., in order of birth _____
 7. Date of birth 4-5-27
 Month day year

3. FATHER
 Full name Robert Henry
 9. Residence (Usual place of abode) San Carlos
 If nonresident, give place and state Ariz

10. Color or race 4/4 Indian
 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) San Carlos
 (State or country) Ariz

13. Occupation Plumber
 Nature of industry

14. MOTHER
 Full maiden name Rebecca Nelson

15. Residence (Usual place of abode) San Carlos
 If nonresident, give place and state Ariz

16. Color or race 4/4 Indian
 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) San Carlos
 (State or country) Ariz

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (b) Born alive but now dead 1
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:40 p.m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature P. H. Sawyer M.D.
 Address San Carlos Ariz
 (Physician or midwife)

Given name added from _____
 a supplemental report _____
 Month, day, year.

Filed _____ 19 _____
 County Registrar.

Registrar.

888-405-355

in order of birth stated.

FD